

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) Precious Life Inc Mailing Address 1716 12th Avenue	Transaction ID: SB21-EX5980 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City Altoona State PA Zip Code 16601 Purpose of Disbursement Table Sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>260.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Table Sponsorship
B. Full Name (Last, First, Middle Initial) Juniata Co Republican Committee Mailing Address c/o Richelle Strawser 28 Evergreen Street Apt #5 City Thompsontown State PA Zip Code 17094 Purpose of Disbursement Presidents Day dinner tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX5961 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>60.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Presidents Day dinner tickets
C. Full Name (Last, First, Middle Initial) Juniata Co Republican Committee Mailing Address c/o Richelle Strawser 28 Evergreen Street Apt #5 City Thompsontown State PA Zip Code 17094 Purpose of Disbursement Spring Fling tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-EX6046 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>60.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Spring Fling tickets

SUBTOTAL of Disbursements This Page (optional) ►

380.00

TOTAL This Period (last page this line number only) ►